Sponsoring Agency				Business	Business Phone	
Address			City	State	Zip Code	
Type of Business Individual		Partnership	Corporation Association		ciation	
Course Title						
Classroom Hours	Course Fee		Copy of Course Curriculum Enclosed			
INSTRUCTORS*						
Name	Name Address		Driver Lice	Driver License Number		
*Instructor certification documentation must accompany application.						
Applicant Signature		Date				
Approved By (Superintendent of NDHF		Date				
Effective Dates						